



## PATIENTS WHO ARE NOT IMMUNOCOMPROMISED

Age	Vaccine	Primary Series	Booster Dose	Consider a 2nd Booster <sup>1</sup>
5-11	Pfizer Pediatric	1st Dose → 3 weeks → 2nd Dose		
12-17	Pfizer/Comirnaty	1st Dose → 3-8 weeks <sup>2</sup> → 2nd Dose → ≥ 5 months → Booster		
18+	Pfizer/Comirnaty	1st Dose → 3-8 weeks <sup>2</sup> → 2nd Dose → ≥ 5 months →		≥ 4 months
18+	Moderna/Spikevax	1st Dose → 4-8 weeks <sup>2</sup> → 2nd Dose → ≥ 5 months →	Booster mRNA preferred <sup>3,4</sup>	≥ 4 months
18+	Johnson & Johnson (J&J)/Janssen <sup>3</sup>	1st Dose → ≥ 2 months →		≥ 4 months
Fully vaccinated with non-FDA-authorized/approved series <sup>5</sup>		Primary Series → ≥ 5 months →	Booster mRNA ONLY <sup>4,6</sup>	≥ 4 months

**Note: People with known current SARS-CoV-2 infection** should defer vaccination until they have recovered from the acute illness (if symptoms were present) and they have discontinued isolation. For individuals diagnosed with MIS-C/MIS-A, refer to [Clinical Considerations](#).

1. Certain populations have the option to receive a second booster with an mRNA vaccine. People who are at higher risk of severe COVID-19 outcomes and want to increase their protection now may choose to receive another booster dose based on their individual circumstances. Getting a second booster is not necessary to be considered [up to date](#) at this time.
2. An 8-week interval may be preferable for some people ages 12-64, especially males ages 12-39. A longer interval may improve vaccine effectiveness and lower the risk of myocarditis. The 3-week (Pfizer) and 4-week (Moderna) are recommended for people age 65+ and people who need rapid protection during times of high community transmission and/or are at risk of severe disease.
3. In most situations, mRNA COVID-19 vaccines are preferred for primary and booster vaccination due to the risk of serious adverse events with J&J vaccine. The J&J vaccine may be offered in [certain situations](#).
4. The Moderna booster dose is 50 µg in 0.25 mL which is half the dose that is authorized for the primary series.
5. Persons who are considered fully vaccinated with a non-FDA-authorized/approved series include those who completed a [WHO-EUL](#) COVID-19 vaccine series, those who completed a heterologous (mix and match) series composed of any combination of FDA-approved, FDA-authorized, or [WHO-EUL](#) COVID-19 vaccines, and those who have received the full series of an "active" COVID-19 vaccine candidate for which vaccine efficacy has been independently confirmed.
6. Only Pfizer and Moderna are authorized as a booster for people fully vaccinated with a non-FDA-authorized/approved COVID-19 vaccine series (and only Pfizer for those age 12-17).

For detailed guidance, refer to [CDC Clinical Considerations for Use of COVID-19 Vaccines](#).

The most current version of these tables are [online](#).



## MODERATELY OR SEVERELY IMMUNOCOMPROMISED PATIENTS

Age	Vaccine	Primary Series	Booster Dose	Consider 2nd Booster <sup>1</sup>
5-11	Pfizer Pediatric	1st Dose → 3 weeks → 2nd Dose → ≥ 4 weeks → 3rd Dose <sup>2</sup>		
12-17	Pfizer/Comirnaty	1st Dose → 3 weeks → 2nd Dose → ≥ 4 weeks → 3rd Dose <sup>2</sup> → ≥ 3 months → Booster		≥ 4 months → 2nd Booster
18+	Pfizer/Comirnaty	1st Dose → 3 weeks → 2nd Dose → ≥ 4 weeks → 3rd Dose <sup>2</sup> → ≥ 3 months →		≥ 4 months →
18+	Moderna/Spikevax	1st Dose → 4 weeks → 2nd Dose → ≥ 4 weeks → 3rd Dose <sup>2</sup> → ≥ 3 months →	Booster mRNA preferred <sup>3,4</sup>	≥ 4 months → 2nd Booster mRNA ONLY <sup>1,4</sup>
18+	Johnson & Johnson (J&J)/Janssen <sup>3</sup>	1st Dose → 4 weeks → Additional Dose mRNA <sup>5</sup> → ≥ 2 months →		≥ 4 months →
Fully vaccinated with non-FDA-authorized/approved series <sup>6</sup>		Primary Series → ≥ 4 weeks → Additional Dose mRNA <sup>5</sup> → ≥ 3 months →	Booster mRNA ONLY <sup>7</sup>	≥ 4 months →

**Note:** People with known current SARS-CoV-2 infection should defer vaccination until they have recovered from the acute illness (if symptoms were present) and they have discontinued isolation. For individuals diagnosed with MIS-C/MIS-A, refer to [Clinical Considerations](#).

1. People who are immunocompromised are at higher risk of severe COVID-19 outcomes and may benefit from getting a 2<sup>nd</sup> booster. Getting a second booster is not necessary to be considered [up to date](#) at this time. Only mRNA vaccines are authorized for this booster dose.
2. A 3-dose primary series is recommended. The same mRNA vaccine product should be used for all doses.
3. In most situations, mRNA COVID-19 vaccines are preferred for primary and booster vaccination due to the risk of serious adverse events with J&J vaccine. The J&J vaccine may be offered in [certain situations](#). See [Appendix D](#): People who are immunocompromised and vaccinated with J&J.
4. The Moderna booster dose is 50 µg in 0.25 mL which is half the dose authorized for the primary series.
5. An additional (2<sup>nd</sup>) dose of an mRNA vaccine is recommended. If Moderna is used, it should be the full dose. Only Pfizer should be used if age 12-17.
6. Persons who are considered fully vaccinated with a non-FDA-authorized/approved series include those who completed a [WHO-EUL](#) COVID-19 vaccine series, those who completed a heterologous (mix and match) series composed of any combination of FDA-approved, FDA-authorized, or WHO-EUL COVID-19 vaccines, and those who have received the full series of an "active" COVID-19 vaccine candidate for which vaccine efficacy has been independently confirmed.
7. Only Pfizer and Moderna are authorized as a booster for people fully vaccinated with a non-FDA-authorized/approved COVID-19 vaccine series (and only Pfizer for those age 12-17).

For detailed guidance, refer to [CDC Clinical Considerations for Use of COVID-19 Vaccines](#); specifically, for people who are [moderately or severely immunocompromised](#).

The most current version of these tables are [online](#).